

1. State the amendment number

3. Number of pages attached

2. Date filed

#### ANNUAL STATEMENT

#### FOR THE YEAR ENDING DECEMBER 31, 2021

OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc. NAIC Group Code 00936 00936 NAIC Company Code 15104 Employer's ID Number 46-0906893 (Current Period) (Prior Period) Organized under the Laws of , State of Domicile or Port of Entry Michigan Country of Domicile **United States** Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ] Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ] Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ] Incorporated/Organized 08/15/2012 Commenced Business 04/17/2013 Statutory Home Office 4000 Town Center, Suite 1300 Southfield, MI, US 48075 (City or Town, State, Country and Zip Code) Main Administrative Office 200 Stevens Drive (Street and Number) Philadelphia, PA, US 19113 215-937-8000 Mail Address 4000 Town Center, Suite 1300 (Street and Number or P.O. Box) Southfield, MI, US 48075 or Town, State, Country and Zip Code) Primary Location of Books and Records 200 Stevens Drive (Street and Number) 215-937-8000 Philadelphia, PA, US 19113 (Area Code) (Telephone Number) (Extension) Internet Web Site Address www.amerihealthcaritasvipcareplus.com Statutory Statement Contact Joseph Victor Cella 215-937-8747 (Area Code) (Telephone Number) (Extension) (Name) jcella@amerihealthcaritas.com 855-822-9400 **OFFICERS** Name Title Name Title Michael John Burgoyne Treasurer Robert Edward Tootle, Esquire Secretary Robert John Smith President OTHER OFFICERS **DIRECTORS OR TRUSTEES** Michael John Burgoyne Steven Harvey Bohner Marilyn Lee Eckley James Michael Jernigan .....Pennsylvania. ....Philadelphia The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Michael John Burgoyne Robert Edward Tootle, Esquire Robert John Smith Secretary President Treasurer Yes [ X ] No [ ] a. Is this an original filing? Subscribed and sworn to before me this b. If no:

day of

February, 2022

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals				-		
Group subscribers:						
	<b></b>					
		·				
		·····				
		<b>†</b>				
		<u> </u>				
0299997 Group subscriber subtotal	0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed	<u> </u>					
0299999 Total group	<u> </u> 0	0	0	L0	0	L0
0399999 Premiums due and unpaid from Medicare entities	<b></b> _0	325,308	494 , 188	7 , 100 , 951		7 ,920 ,447
0299999 Total group						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	0	325,308	494,188	7,100,951	0	7,920,447

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7					
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
0199998 - Aggregate of amounts not individually listed above.	135,198	135,198	135,198	1,509,663	1,509,663	405,594					
0199999 - Pharmaceutical Rebate Receivables	135,198	135,198	135,198	1,509,663	1,509,663	405,594 405,594					
0299998 - Aggregate of amounts not individually listed above.	47,486	55,736	1,008	0	104,230						
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables 0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	47,486	55,736	1,008	0	104,230	0					
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		†			<u> </u>						
0799999 Gross Health Care Receivables	182,684	190,934	136,206	1,509,663	1,613,893	405,594					

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece or Offset Du	eivables Collected ring the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables			57 , 171	1,858,086	57 , 171	872,544
Claim overpayment receivables	871,085	5,096,756		104,230	871,085	810,794
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	871,085	5,096,756	57,171	1,962,316	928,256	1,683,338

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

## **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid	l Claims	_	-	_	-
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						†
	-					·
						1
0199999 Individually listed claims unpaid	.0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	839,263	3,507,756	44,360	0	0	4,391,379
0499999 Subtotals	839,263	3,507,756	44,360	0	0	4,391,379
0599999 Unreported claims and other claim reserves						10,570,586
0699999 Total amounts withheld						
0799999 Total claims unpaid						14,961,965
0899999 Accrued medical incentive pool and bonus amounts						0

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	nitted
·	_					7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
AMHP Holdings, Inc.	3,000,000	0	0	0	0	3,000,000	0
	, , , , , , , , , , , , , , , , , , , ,						
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0199999 Individually listed receivables	3,000,000	J	ļ	J	ļ0	3,000,000	J
0299999 Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	3,000,000	0	0	0	0	3,000,000	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	, 2	1 2	1	5
Affiliate	Description	A	Current	Non-Current
	Description	Amount	Current	Non-Current
AmeriHealth Caritas Services, LLC		948,246		
AmeriHealth Caritas Services, LLC.	Administrative and staffing services		46,462	l
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0199999 Individually listed payables		994,708	994,708	L0
0199999 Individually listed payables		1	1	
0399999 Total gross payables		994,708	994,708	n
JOSSSS TUTAL GLOSS PAYADIES		334,700	334,700	ı

### **EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.0		0.0		
Intermediaries		0.0		0.0		
3. All other providers	757 ,745	1.1	L3,085	100.0		757 , 745
4. Total capitation payments	757 ,745	1.1	L3,085	100.0	0	757 , 745
Other Payments:						
5. Fee-for-service			xxx	XXX		
Contractual fee payments			xxx	XXX		
7. Bonus/withhold arrangements - fee-for-service			xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	XXX		
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		
12. Total other payments	68,964,488	98.9	XXX	XXX	0	68,964,488
13. Total (Line 4 plus Line 12)	69,722,233	100 %	XXX	XXX	0	69,722,233

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EARIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS WITH INTERMEDIARIES											
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized							
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC							
			+									
			+									
			-									
		·	· <del> </del>		<b> </b>							
			· <del> </del>		<b> </b>							
			-		<b></b>							
9999999 Totals			XXX	XXX	XXX							

## **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures      Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
IAIC Group Code 00936 BUSINESS IN THE STATE OF		DURING THE YEAR 2021						NAI	15104	
	1	Compre (Hospital &	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year								3,008		
2 First Quarter								3,006		
3 Second Quarter	3,016							3,016		
4. Third Quarter	3,097							3,097		
5. Current Year	3,085							3,085		
6 Current Year Member Months	36,416							36,416		
Total Member Ambulatory Encounters for Year:										
7. Physician	63,038							63,038		
8. Non-Physician	11,617							11,617		
9. Total	74,655	0	0	0	0	0	0	74,655	0	
10. Hospital Patient Days Incurred	7,688							7,688		
11. Number of Inpatient Admissions	856							856		
12. Health Premiums Written (b)	79,509,994							79,509,994		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	79,509,994							79,509,994		
16. Property/Casualty Premiums Earned	0							0		
17. Amount Paid for Provision of Health Care Services	69,722,233							69,722,233		
18. Amount Incurred for Provision of Health Care Services	71,224,830							71,224,830		

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......79,509,994



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)	IC Company Code	
AIC Group Code 00936 BUSINESS IN THE STATE OF		DURING THE YEAR 2021							15104	
	1	Compret (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,008	0	0	0	0	0	0	3,008	0	
2 First Quarter	3,006	0	0	0	0	0	0	3,006	0	
3 Second Quarter	3,016	0	0	0	0	0	0	3,016	0	
4. Third Quarter	3,097	0	0	0	0	0	0	3,097	0	
5. Current Year	3,085	0	0	0	0	0	0	3,085	0	
6 Current Year Member Months	36,416	0	0	0	0	0	0	36,416	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	63,038	0	0	0	0	0	0	63,038	0	
8. Non-Physician	11,617	0	0	0	0	0	0	11,617	0	
9. Total	74,655	0	0	0	0	0	0	74,655	0	
10. Hospital Patient Days Incurred	7,688	0	0	0	0	0	0	7,688	0	
11. Number of Inpatient Admissions	856	0	0	0	0	0	0	856	0	
12. Health Premiums Written (b)	79 ,509 ,994	0	0	0	0	0	0	79,509,994	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	79,509,994	0	0	0	0	0	0	79,509,994	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	69,722,233		0	0	0	0	0	69,722,233	0	
18. Amount Incurred for Provision of Health Care Services	71,224,830	0	0	0	0	0	0	71,224,830	0	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......79,509,994

Schedule S - Part 1 - Section 2

## NONE

Schedule S - Part 2

**NONE** 

Schedule S - Part 3 - Section 2

**NONE** 

Schedule S - Part 4

**NONE** 

Schedule S - Part 5

**NONE** 

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1	Omitted)	3	4	5
A. OPERATIONS ITEMS	2021	2020	2019	2018	2017
A. Of ENATIONS TELES					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	0	0	43	167	197
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	334	97
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0		0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	0	0	0	0	0
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)			0		0
21. Other (O)	0	0	0	0	0

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	28,348,689		28,348,689
2.				7,920,447
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance		0	0
5.	All other admitted assets (Balance)	3,830,422		3,830,422
6.	Total assets (Line 28)	40,099,558	0	40,099,558
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	14,961,965	0	14,961,965
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	11,456,682		11,456,682
15.	Total liabilities (Line 24)	26 , 418 , 647	0	26,418,647
16.	Total capital and surplus (Line 33)	13,680,911	XXX	13,680,911
17.	Total liabilities, capital and surplus (Line 34)	40,099,558	0	40,099,558
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						-
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						
10. Florida							
11. Georgia	GA						
12. Hawaii							
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	JN						.
16. lowa	JA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana				·····			-
28. Nebraska							
29. Nevada							
30. New Hampshire							-
31. New Jersey							
32. New Mexico							
33. New York							-
34. North Carolina							
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma							
38. Oregon							.
39. Pennsylvania							
40. Rhode Island	RI						
41. South Carolina	SC		.				
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah							
46. Vermont	VT						
47. Virginia	VA						
48. Washington							
49. West Virginia							
50. Wisconsin							
51. Wyoming							
52. American Samoa							
53. Guam53.							
53. Guam 54. Puerto Rico							1
						·	1
55. US Virgin Islands				<b></b>		†	1
56. Northern Mariana Islands							-
57. Canada							-
58. Aggregate Other Alien	10			L	1	1	1

## 41

1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to	1	Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
00000		00000	47 - 1233198				Independence Health Group, Inc	PA	UIP					NO	0
00000		00000	00 0405404				Anna Stina IAIn Lan	PA	UIP	Independence Health Group,	Owner and the	400.0	Independence	NO	
00000		00000	23-2425461				AmeriHealth, Inc	PA	VIP	Inc	Ownership	100.0	Health Group, Inc Independence	INO	
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	NO	0
00000			40-3333473	-			Tandryiii ricartii, EEc			Allier mearth, me	0 will 0 3111 p	1	Independence		
00000		00000	82-4299279				Tandigm MSO, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc	NO	0
											i i		Independence		
00000		00000	47 - 2516811				Tandigm Scholars, Inc.	PA	OTH	Tandigm Health, LLC	Board	0.0	Health Group, Inc	N0	0
00000		00000	85-0672015				Tanding IIVN IIC	PA	NIA	Tandiam Haalah IIIC	O	100.0	Independence Health Group, Inc	NO	0
00000			00-00/2010				Tandigm HVN, LLC	PA	N I A	Tandigm Health, LLC	Ownership	100.0	Independence	INU	
00000		00000	87 - 2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100 0	Health Group, Inc	NO	0
00000			2000000				Tandigm Specialist Alliances.			Tanargiii 11111, EES	0 1110 1 0111 p		Independence		
00000		00000	85-0682780				LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Health Group, Inc	NO	0
1			l										Independence		
00000		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Health Group, Inc	NO	0
													Independence Health Group, Inc.		
													/ Gateway Medical		
00000		00000	85-2543447				Tandigm Physician Services, LLC.	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Associates, Inc	NO	0
00000			2010111				Tanargiii riiyororan corvioco, 220.			1101010101011	0 #1101 0111 p		Independence		
													Health Group, Inc.		
										AmeriHealth, Inc. (50%) /			/ Comcast		
00000		00000	00 5004007				1010 110	55		Comcast Connected Health, LLC		50.0	Connected Health,	NO	
00000		00000	82-5264307				1819 LLC	DE	NIA	(50%)	Ownership	50.0	Independence	NU	
00000		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Health Group, Inc	NO	0
00000			00 0002100				Levio i narmacy coratrons, Elo			Tillot Triod (11)	0 #1101 3111 p	20.0	Independence		
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	NO	0
1			l <b>.</b>							l <u>.</u>			Independence		
00000		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Health Group, Inc	NO	0
00000		00000	23-2800586		1		The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC	Ownershin	100.0	Independence Health Group, Inc	NO	0
00000			20-2000000	-			The Americanth Agency, Inc	J	IN I W	Independence Blue Cross, LLC	O#116191111P	100.0	Independence	INU	
					1					/ Anthem Partnership Holding			Health Group, Inc.		
00000		00000	84-4672692				GR Health Solutions, LLC	PA	NIA		Ownership	50.0	/ Anthem, Inc	NO	0
													Independence		
00074	Author Los	40040	00 0000054				Group Retiree Health Solutions,	D.	1.4	00 1114- 0-1-4 110	Owner and the	50.0	Health Group, Inc.	NO	
	Anthem, IncIndependence Health Group.	12812	30-0326654		[		Inc	PA	IA	GR Health Solutions, LLC	Ownership	U. UC	/ Anthem, Inc Independence	NU	
00936	Inc.	95794	51-0296135				Healthcare Delaware. Inc	DE	IA	Independence Blue Cross, LLC	Ownership	100 0	Health Group. Inc	NO	٥
00000	Independence Health Group.		01 0200100	-			l local thousand bordward, illo			Independence Blue of 000, EEc	ο πιτοι στι τρ		Independence	110	
00936	Inc	60254	23-2865349				Independence Insurance, Inc	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO	0
					1		· '				·		Independence		
00000		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	NO	0
00000		00000	22 2705257				Amorilloolth Corvins	D.	NI I A	Independence Plus Cores 110	Ownershi-	400.0	Independence	N/O	
00000		00000	23-2795357		<u> </u>		AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	ownersnip	100.0	Health Group, Inc	NU	0

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
00000		00000	00 0004000				NS Assisted Living Communities,	D.	NII A	A 'H IAI O ' I	Owner and the	400.0	Independence	NO	
00000		00000	23-2824200				Inc.	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc	NO	
00000		00000	23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownershin	100.0	Health Group, Inc	NO.	0
00000		00000	20 2002007				Through the family of the family of				0 11101 0111 p		Independence		
													Health Group, Inc.		
			00 00 11000				Laws III .	<b>.</b>		l		50.0	/ Mercy Health		
00000	Independence Health Group,	00000	23-2944969	-			KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	PlanIndependence	NO	0
00936	Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownershin	100.0	Health Group, Inc	NO	0
00000	1110	00000	20 2101020				acco modrance company			That of the order, EEG	0 1110 1 0111 p		Independence		
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc	NO	0
							International Plan Solutions,						Independence		
00000		00000	27 - 0204996				LLC	DE	NIA	QCC Insurance CompanyInternational Plan Solutions,	Ownership	38.2	Health Group, Inc	NO	0
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	LLC	Ownership	13.0	Independence Health Group, Inc	NO	0
00000		00000	. 20-20000 10	-			Inighway to hearth, inc	DL			Owner 3111 p		Independence		
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	NO	0
							Worldwide Insurance Services,				·		Independence		
00000		00000	54-1867679				LLC	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	NO	0
00000		00000	23-2521508				AmeriHealth Administrators,	PA	NIA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc	NO.	0
00000	Independence Health Group,	00000	23-2321300				. 1110		N 1 A	I maependence brue cross, ELC	Ownersinp	100.0	Independence		
00936	Inc.	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	Ownership.	100.0	Health Group, Inc	NO	0
	Independence Health Group,										·		Independence		
00936	Inc	95044	23-2314460				AmeriHealth HMO, Inc	PA	A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc		0
00936	Independence Health Group, Inc	95056	23-2405376				Voyatana Haalth Blan Foot Inc	PA	]IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc	NO.	0
00930	THC	93030	23-2403370	-			Keystone Health Plan East, Inc	PA	I A	Independence Blue Cross, LLC	Ownership	100.0	nearth Group, mc		
										(54%) / QCC Insurance Company					
										(23%) / Keystone Health Plan,			Independence		
00000		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Inc. (23%)	Ownership	100.0	Health Group, Inc	NO	0
00000		00000	85 <b>-</b> 1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco. LLC	Ownership	100.0	Independence Health Group, Inc	NO.	0
00000	Independence Health Group,	00000	00-1420394	-			Independence Hospital Indemnity	DE	N I A	1901 Market Holdco, LLC	ownership	100.0	Independence		
00936	Inc	54704	23-0370270				Plan. Inc	PA	IA	Independence Blue Cross, LLC	Board	0.0	Health Group. Inc	NO	0
							Independence Blue Cross			Independence Hospital			Independence		
00000		00000	36-4685801				Foundation	PA	OTH		Board	0.0	Health Group, Inc	NO	0
										Independence Hospital			Independence		
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization	PA	I IA	Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Health Group, Inc. / Highmark Health	NO.	0
00930	1110	J41 UJ	23-0124421				.r.a.i, IIIU			Independence Hospital	טטמו ע	J	Independence	INU	
	Independence Health Group,									Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc	53252	23-2063810				Inter-County Health Plan, Inc	PA	I A	Highmark, Inc. (50%)	Board	0.0	/ Highmark Health	NO	0
00000			40.007				AmeriHealth Casualty Holdings,			l ` `			Independence		_
00000		00000	46 <b>-</b> 3878323				LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Health Group, Inc	NO	0
00000		00000	25 <b>-</b> 1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100 0	Independence Health Group, Inc	NO	
00000		00000	ZJ = 1000000J				Tooliihae 1 1 1 ces ' 1 lic		NIN.	[HUTUTHYS, LLG	lowing i 2111h	1	mearth Group, INC	NU	U

	_	1 . 1									1		T		
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Name of Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
0000	Croup Hamo	0000	Hamboi	TROOD	O.I.C	international)	OI 7 tilliatos	Location	Littly	(Name of Emily) croshy	miliaorioo, ourior)	roroomago	Independence	(100/110)	
00000		00000	25 - 1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Health Group, Inc.	NO	0
							AmeriHealth New Jersey	1					Independence		
00000		00000	46-3893959				Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Health Group, Inc	NO	0
		İ								AmeriHealth New Jersey	· '		Independence		
00000		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	Holdings, LLC	Ownership	95.1	Health Group, Inc	NO	0
							AmeriHealth TPA of New Jersey,						Independence		
00000		00000	61-1741805				LLC.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	95.1	Health Group, Inc	NO	0
1	Independence Health Group,						AmeriHealth Insurance Company	l	l				Independence		_
00936	Inc	60061	22-3338404				of New Jersey	NJ	I A	AmeriHealth New Jersey, LLC	Ownership	95.1	Health Group, Inc	N0	0
			05 0544076				AmeriHealth HMO of New Jersey,		l	l		0.5	Independence		_
00000		00000	35-2511976				Inc	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	95.1	Health Group, Inc	NO	0
										AmeriHealth, Inc. (95%) /			l		
00000		00000	45 0070040				IBC MH LLC	DE	UIP	Keystone Health Plan East	O	400.0	Independence	NO	0
00000	ladanadana Halkh Carra	00000	45-3672640				IBC MH LLC	₽⊑	UIP	(5%)	Ownership	100.0	Health Group, Inc	NU	
00936	Independence Health Group,	96660	23-2408039				Vista Health Plan, Inc	PA	IA	IBC MH LLC	Ownership.	100.0	Health Group, Inc	NO	0
00930	. IIIC	90000	23-2400039				l vista nearth Fian, inc	PA	I A	IDC WIT LLC	ownership	100.0	Independence	INU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		00000	30-0703311				BMH LLC	DF	UIP	IBC MH LLC	Ownership.	61 3	Company	NO	0
00000			00 0700011				Dilli EEO		1	TOO WIT LEO.	0 #1101 3111 P		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
							AmeriHealth Caritas Services,						Mutual Insurance		
00000		00000	45-5415725				LLC	DE	NIA	BMH LLC	Ownership	61.3	Company	NO	0
											· .		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
1							Social Determinants of Life,		l				Mutual Insurance		_
00000		00000	85-4321302				Inc	DE	NIA	BMH LLC	Ownership	61.3	Company	N0	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										Casial Dataminanta of Life			Shield of Michigan		
00000		00000	47 F400000				Wide Circle	DE	NI A	Social Determinants of Life,	O	10.0	Mutual Insurance	NO	^
00000		00000	47 - 5496220				Wider Circle, Inc	DE	NIA	Inc	Ownership	16.6	Company	.jNO	0

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control	13	14	15	16
						Name of Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent. Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
Code	Group Hame	Oode	Number	ROOD	Oil	international)	Of 7 timates	Location	Littley	(Name of Enaty/1 croon)	miliacrice, Other)	r crocinage	Independence	(103/140)	
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		. 00000	38-3946080				BMH SUBCO I LLC.	DE	UIP	BMH LLC.	Ownership		Company	NO	0
		i i									'		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		. 00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	.Ownership	61.3	Company	N0	0
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										DMIL OUDOO I LLO (FOX) / DMIL			Shield of Michigan		
00000		00000	00.0040044					B.		BMH SUBCO I LLC (50%) / BMH			Mutual Insurance	NO	
00000		. 00000	23-2842344				Keystone Family Health Plan	PA	NIA	SUBCO    LLC (50%)	.Ownership		CompanyIndependence	NU	U
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										BMH SUBCO I LLC (50%) / BMH			Mutual Insurance		
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UIP	SUBCO II LLC (50%)	Ownership.	61.3	Company	NO	0
00000			20 2000020				Transcribertin santtas noartin rang		1	00000 11 220 (00%)	. o #1101 0111 p		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas Louisiana,						Mutual Insurance		
00936	Inc	14143	27 - 3575066				Inc	LA	I A	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
													Independence		
												1	Health Group, Inc.		
												1	/ Blue Cross Blue		
													Shield of Michigan		
			<b>17</b> 000000=				l	l	l	AmeriHealth Caritas Health			Mutual Insurance		
00000		. 00000	47 - 3923267				AmeriHealth Caritas Iowa, LLC	I A	NIA	Plan	.Ownership	[61.3	Company	N0	0
													Independence		
													Health Group, Inc.		
												1	/ Blue Cross Blue		
	Independence Health Group.												Shield of Michigan Mutual Insurance		
00936	Inc	15104	46-0906893				  AmeriHealth Michigan, Inc	l MI	RE	AMHP Holdings Corp	Ownership	61 2	Company	NO	0
L 00990	1116	.  10 104	40-0300033				į Miliet Hieditti Mitchiyan, 1110	IVI		IMMILE HOTUTINGS COLD	Towner 2006	J	Loonbally	NU	U

	_								1	1					
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management.	Ownership		Filing	
Group		Company	, ID	Federal		Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide		Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage		(Yes/No)	*
													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
	1						0-14 11141 ( 041-						Shield of Michigan		
00936	Independence Health Group,	95458	57 - 1032456				Select Health of South Carolina, Inc	SC	IA	AMHP Holdings Corp	Ownership	61.3	Mutual Insurance	NO.	0
00930	. THG	. 90400	. 37 - 1032430				Carorina, inc	JSU		AWINP HOTOTHYS COIP	. ownerstrip		CompanyIndependence	NU	
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
	Independence Health Group,						AmeriHealth Caritas District of						Mutual Insurance		
00936	Inc	. 15088	46 - 1480213				Columbia, Inc.	DC	I A	AMHP Holdings Corp	Ownership	61.3	Company	NO	0
							ĺ ,				'		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										l			Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		_
00000		. 00000	27 - 0863878				PerformRx, LLC	PA	NIA	Plan	.Ownership	61.3	Company	NO	
													Independence		
													Health Group, Inc. / Blue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership.	61.3	Company	NO	0
00000													Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
										AmeriHealth Caritas Health			Mutual Insurance		
00000		. 00000	26 - 1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan	.Ownership	61.3	Company	NO	0
													Independence		
													Health Group, Inc. / Blue Cross Blue		
										AmeriHealth Caritas Health			Shield of Michigan Mutual Insurance		
00000		00000	26-1144363				AMHP Holdings Corp	PA	UDP	Plan	.Ownership	61.3	Company	NO	0
100000			. 20 1 144000					7	וטע	Tan	. Omnor anrip		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
													Shield of Michigan		
			1				Community Behavioral Healthcare						Mutual Insurance		
00000		00000	25-1765391				Network of Pennsylvania, Inc	PA	.lNIA	AMHP Holdings Corp	Ownership	61.3	Company	NO	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Z Group Name	NAIC Company Code	·	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of	Domiciliary	Relationship to		Type of Control (Ownership, Board, Management, Attorney-in-Fact.	If Control is Ownership Provide		Is an SCA Filing Required?	*
00936	Independence Health Group,	13630	. 26-0885397				CBHNP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group, Inc. / Blue Cross Blue		0
00000		00000	. 45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	Ownership		Shield of Michigan Mutual Insurance Company / GoodLife Partners, Inc Independence Health Group, Inc. / Blue Cross Blue	NO	0
00936	Independence Health Group,	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership		Shield of Michigan Mutual Insurance CompanyIndependence Health Group, Inc.	NO	0
	Blue Cross Blue Shield of Michigan	11557	. 47 - 2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group, Inc.		0
00000		00000	. 61 - 1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance CompanyIndependence Health Group, Inc.	NO	0
00936	Independence Health Group, Inc	16451	. 82-1141687				AmeriHealth Caritas Texas, Inc	ТХ	I A	AMHP Holdings Corp	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance CompanyIndependence Health Group, Inc.	NO	0
00936	Independence Health Group,	16422	61-1857768				AmeriHealth Caritas New Mexico,	NM	I A	AMHP Holdings Corp	Ownership		/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0

1	2	3	4	5	6	7 Name of Securities Exchange if	8	9	10 Relationship	11	12 Type of Control (Ownership, Board,	13 If Control is	14	15 Is an SCA	16
Group		NAIC Company	, ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location		(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
00936	Independence Health Group, Inc	16539	. 83-1481671				AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	.Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group, Inc.	NO .	0
							AmeriHealth Caritas Minnesota,						/ Blue Cross Blue Shield of Michigan Mutual Insurance		
00000		00000	83-3241979				Inc	MN	NIA	AMHP Holdings Corp	.Ownership	61.3	CompanyIndependence		0
	Independence Health Group,						AmeriHealth Caritas New						Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance		
00936	Inc	16496	83-0987716				Hampshire, Inc	NH	A	AMHP Holdings Corp	. Ownership	61.3	CompanyIndependence	N0 .	0
	Independence Health Group,												Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance		
00936	Inc.	16980	. 84-2435374				AmeriHealth Caritas Ohio, Inc	0H	IA	AMHP Holdings Corp	.Ownership	61.3	CompanyIndependence Health Group, Inc. / Blue Cross Blue Shield of Michigan	NO	0
00000		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	0K	NIA	AMHP Holdings Corp	Ownership.	61.3	Mutual Insurance Company	.NO	0
							AmeriHealth Caritas Nevada,				,		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance		
00000		00000	85-3713213				Inc	NV	NIA	AMHP Holdings Corp	. Ownership	61.3	Company	N0 .	0
00000		00000	.86-2442207				AmeriHealth Caritas California, Inc	CA	NIA	AMHP Holdings Corp	.Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	NO .	0
00000		00000	87 -4065041				AmeriHealth Caritas VIP Next, Inc	DE	NIA	AMHP Holdings Corp	.Ownership	61.3	Mutual Insurance Company	NO .	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control (Ownership,				
						Securities					(Ownership,			l	
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management, Attorney-in-Fact,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries		Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
											1			1	
				1										1	
				1										1	
				•							·				

Asterisk	Explanation
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### **SCHEDULE Y**

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
	10				Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the		Income/ (Disbursements) Incurred Under		Any Other Material Activity Not in the Ordinary Course of		Reinsurance Recoverable/ (Payable) on Losses and/or Reserve
NAIC Company Code	ID Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Loans or Other Investments	Benefit of any Affiliate(s)	Agreements and Service Contracts	Reinsurance Agreements	*	the Insurer's Business	Totals	Credit Taken/(Liability)
		Select Health of South Carolina, Inc	(21,000,000)	Contributions	investments	Allillate(s)	(188,130,098)	Agreements		business	(209,130,098)	raken/(Liability)
13630	26-0885397	CBHNP Services, Inc	(21,000,000)				(100,130,090)		<del> </del>	•••••	(209, 130,096)	
14143	27 - 3575066	AmeriHealth Caritas Louisiana, Inc.		10,000,000			(104,334,157)		·····		(94,334,157)	
14378	45-4088232	AmeriHealth Caritas Louisidia, Inc	(6,000,000)	10,000,000			(64 173 950)		·····		(34,334,137)	
15088	46-1480213	AmeriHealth Caritas DC, Inc	(0,000,000)				(64,173,859) (66,672,343)		<del> </del>	•	(70 , 173 , 859) (66 , 672 , 343)	
15104	46-0906893	AmeriHealth Michigan, Inc		6,000,000	<del> </del>		(10,299,124)		<del> </del>	·	(00,672,343)	
00000	40-0300033	AmeriHealth Caritas Health Plan	6 000 000	, 000, 000	····		(10,299,124)		t		(4,299,124)	
00000	23-2859523 45-5415725	JameriHealth Caritas Health Plan	6,000,000		<del> </del>		42E 024 000		<del> </del>		6,000,000	
00000	82-1141687	AmeriHealth Caritas Services, LLC    AmeriHealth Caritas Texas, Inc			·····		435,824,986		ł		435,824,986	
16451	61-1857768	AmeriHealth Caritas Texas, Inc			····		(397)		ł		(397)	
16422 16498	83-0987718	JameriHealth Caritas New Mexico, Inc		10,000,000	····		(1,977)		<del> </del>		(1,977) (19,657,433)	
10498	03-098//18	AmeriHealth Caritas New Hampshire, Inc.		10,000,000			(80,697,076)		<del> </del>			
16539 16980	83-1481671	AmeriHealth Caritas North Carolina, Inc		155,000,000 23,200,000	····		(80,697,076)		<del> </del>	+	20,082,853	
10980	84-2435374 27-0863878	PerformRx, LLC		23 , 200 , 000			(3,117,147)		<del> </del>		20,082,853	
00000	Z1 -U003010	Professiolar II.C			<del> </del>		28,909,405		<del> </del>	+	28,909,405	
00000	61-1729412	PerformSpecialty, LLC	04 000 000	(004,000,000)	<b></b>		82,349,220		ł		82,349,220	
00000	26-1144363	AMHP Holdings Corp	21,000,000	(204,200,000)					ł		(183,200,000)	
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### **SCHEDULE Y**

#### PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4 Granted Disclaimer	5	6	7	8 Granted Disclaimer
		Ownership Percentage Column 2 of	of Control\Affiliation of Column 2 Over Column 1		U.S. Insurance Groups or Entities	Ownership Percentage (Columns 5	of Control\Affiliation of Column 5 Over Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
<u> </u>			, ,	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	Ť ,	, ,
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100 . 000 %	NO
		400 000 0		BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100 000 0	
AmeriHealth Caritas Louisiana, Inc	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Amonillanith Coniton District of Columbia Lan	AMUD Haldings Com		NO.	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co. (See Mich. Sch Y)	100.000 %	NO.
AmeriHealth Caritas District of Columbia, Inc	AMHP Holdings Corp		N0	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	. 100.000 %	NU
AmeriHealth Caritas New Hampshire, Inc.	AMHP Holdings Corp		NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Allier Friedrich Garrias New Hallipshire, The				IBCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 //	]JNU
AmeriHealth Caritas New Mexico, Inc	AMHP Holdings Corp		NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO.
Timor mourtir our read now moured; mo.				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	1100.000 %	
AmeriHealth Caritas North Carolina, Inc.	AMHP Holdings Corp	100.000 %	NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO NO
				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Ohio, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100 . 000 %	NO
·				BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)		
AmeriHealth Caritas Texas, Inc	AMHP Holdings Corp	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100 . 000 %	NO
AmeriHealth HMO, Inc	Independence Blue Cross, LLC	100 . 000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100 . 000 %	NO
AmeriHealth Insurance Company of New Jersey	AmeriHealth New Jersey, LLC	95.100 %	N0	Independence Health Group, Inc	Independence Health Group, Inc.	100 . 000 %	NO
	AMUR II I I I	400 000 0	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO
AmeriHealth Michigan, Inc.	AMHP Holdings Corp	100.000 %	N0	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Diversity of Michigan III	AmeriHealth Caritas Health Plan 50% / Michigan	400 000 %	NO	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	400 000 %	NO NO
Blue Cross Complete of Michigan LLC		100 . 000 %	NO	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.	Independence Health Group, IncBCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100.000 %	JNU
CBHNP Services. Inc.	Pennsylvania, Inc		NO NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO NO
CDINF Services, Inc			JNO	Anthem. Inc.	Anthem, Inc. (See Anthem Sch Y)	100.000 //	]JNU
Group Retiree Health Solutions, Inc.	GR Health Solutions. LLC	100.000 %	NO NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO NO
Healthcare Delaware. Inc.	Independence Blue Cross. LLC.	100.000 %	NO	Independence Health Group. Inc	Independence Health Group, Inc.	1100.000 %	NO NO
Independence Assurance Company	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group. Inc.	Independence Health Group, Inc.	1100.000 %	NO.
Independence Hospital Indemnity Plan, Inc.	Independence Blue Cross, LLC	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group. Inc.	100.000 %	NO.
Independence Insurance, Inc	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100.000 %	NO
,	Independence Hospital Indemnity Plan, Inc. /			Highmark Health	Highmark Health (See Highmark Health Sch Y)		
Inter-County Health Plan, Inc	Highmark, Inc	0.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc.	100 . 000 %	NO
[	Independence Hospital Indemnity Plan, Inc. /			Highmark Health	Highmark Health (See Highmark Health Sch Y)		
Inter-County Hospitalization Plan, Inc	Highmark, Inc	0.000 %	NO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NO
Keystone Health Plan East, Inc	Independence Blue Cross, LLC	100.000 %	NO	Independence Health Group, Inc	Independence Health Group, Inc	100 . 000 %	NO
QCC Insurance Company	Independence Blue Cross, LLC	100.000 %	N0	Independence Health Group, Inc	Independence Health Group, Inc	100 . 000 %	NO
Coloot Hoolth of Couth Constine Inc	AMUD Haldings Com	100 000 %	NO.	BCBS of Mich. Mut. Ins. Co.	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y)	100,000,0/	NO.
Select Health of South Carolina, Inc	AMHP Holdings CorpIBC MH LLC	95.000 %	NONO	Independence Health Group, Inc.	Independence Health Group, Inc.	100.000 %	NONONONO
Vista Health Plan, Inc	.  IBC MH LLC	95.000 %	NU	Independence Health Group, Inc	Independence Health Group, Inc.	.[100.000 %	NU

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

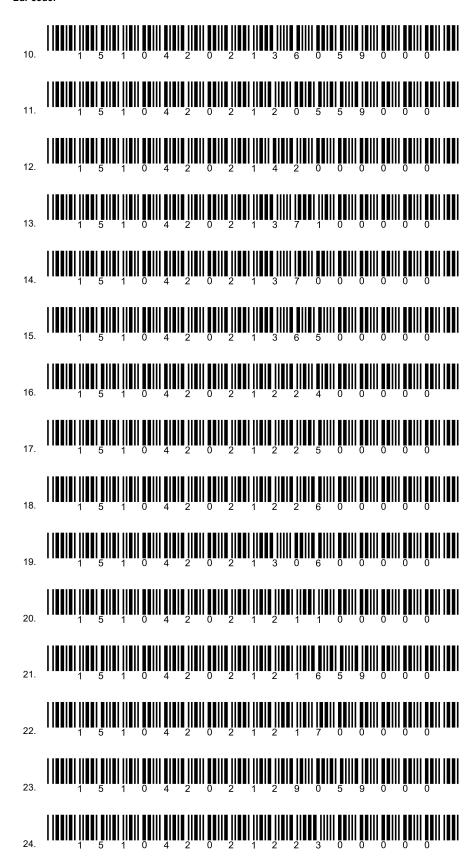
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.			
	MARCH FILING	Responses		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES		
2.	Will an actuarial opinion be filed by March 1?	YES		
3.		YES		
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES		
	APRIL FILING			
5.		YES		
6.		YES		
7.		YES		
0	JUNE FILING	YES		
8. 9.	·	YES		
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	I LO		
Howev	llowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of ogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your comparer reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	NO to the specific		
	MARCH FILING			
10.	,	N0		
11.		N0		
12.	·	NO		
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0		
14.		NO		
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0		
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO		
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO		
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0		
	APRIL FILING			
19.		NONO.		
21.		NO		
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0		
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO		
	AUGUST FILING			
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	N0		
Evnlar	nation:			
•				
IU. bu	siness not written			
11. Bu	siness not written			
12. Bu	siness not written			
13. Bu	siness not written			
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	siness not written			
18. Bu	siness not written			
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20. Bu	siness not written			

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Business not written
- 22. Business not written
- 23. Business not written
- 24. Business not written

#### Bar code:



## **OVERFLOW PAGE FOR WRITE-INS**

M014 Additional Aggregate Lines for Page 14 Line 25.
\*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Purchased Services	13,457	0	131,025		144,482
2505. Penalties	0	0	2,020		2,020
2597. Summary of remaining write-ins for Line 25 from Page 14	13,457	0	133,045	0	146,502